vision of medical care to its citizens and we felt that we might profit by that experience. A knowledge of the background and tradition of health services is, however, essential for a correct appraisal of its merits and shortcomings, particularly if the transplantation of methods and practices is being considered. The limitations of the written and spoken word become apparent under such conditions and an on-the-spot appraisal to sense the climate of opinion becomes desirable, if not essential.

The Executive Committee of the Canadian Medical Association was therefore receptive to a proposal from the British Columbia Division that a team of observers be sent to the Antipodes to survey the scene in the light of their knowledge of developments in Canada. The occurrence of the biennial meeting of the British Commonwealth Medical Conference and the 129th Annual Meeting of the British Medical Association in Auckland, New Zealand, provided the opportunity to send a delegate to that part of the world, and Dr. T. J. Quintin of Sherbrooke, Quebec, Executive Committee member from the Quebec Division, was chosen to represent the C.M.A. and to lead the party of observers of medical services insurance in Australia. In the latter portion of his trip he was joined by Mr. B. E. Freamo, Secretary, Medical Economics, and by Dr. E. C. McCoy and Dr. Peter Banks, representing the British Columbia Division.

The report which appears on page 965 of this issue is a composite summary of the facts and impressions gained by our representatives in their four-week study of medical services in Australia and it is their hope that Canadian doctors will find it interesting and helpful.

This account would be incomplete without an expression of gratitude to our Australian colleagues for the kindness and hospitality extended to the visiting Canadians. Dr. Hunter's arrangement for their travel and their contacts was a masterpiece of staff work and the Canadian Medical Association extends its thanks to our Commonwealth counterparts for opening the doors and opening their minds and hearts to our observers. A.D.K.

THE MARKLE FOUNDATION

THE RECENT announcement of the selection of Markle Scholars in Medical Science who will begin their five-year scholarship tenure in 1961 draws attention once again to the generosity with which the Markle Foundation has been contributing to the cause of medical education in Canada for more than a decade.

The John and Mary R. Markle Foundation was chartered in 1927 "to promote the advancement and diffusion of knowledge . . . and the general good of mankind". The founder, John Markle, who followed in his father's footsteps as a successful anthracite coal operator, was born in Hazleton, Pennsylvania, in 1858. The Foundation was established with an initial endowment of three million dollars which was later increased under the terms of Mr. Markle's will to nearly fifteen million dollars. Upon his death in 1933 and for a short time thereafter the Foundation grants were largely directed to projects in the field of social welfare; from 1935 to 1947 the emphasis was on grants for medical research; since 1947 the Foundation's major grants program has concerned its awards for Scholars in Medical Science. The purpose of this program is to help to relieve the faculty shortage in medical schools by providing academic security and financial assistance to young teachers of the medical sciences, early in their careers.

To date, 306 teachers and investigators in 78 medical schools have been assisted by this program through appropriations of over nine million dollars. Thirty-four of these Markle Scholars have been members of the faculties of Canadian medical schools. Appropriations for the period beginning in July 1961, amounting to $750,000, have been granted to 25 medical schools, each of which will receive $30,000 at the rate of $6000 annually for the next five years, towards the support of its Markle Scholar in Medical Science.

Five of these scholarships, one-fifth of the current awards, have been granted to Canadian medical schools. Dr. André Barbeau will be supported in his work in neurology at the University of Montreal, Dr. Allan M. Lansing in surgery at the University of Western Ontario, Dr. Charles R. Scriver in pediatrics at McGill University, Dr. Ronald R. Tasker in neurosurgery at the University of Toronto, and Dr. William E. Shepherd in pathology at the University of British Columbia. Last year, in addition to its scholarship award, the Markle Foundation provided a grant of $40,000 to the Faculty of Medicine of the University of British Columbia to aid in the planning of a university hospital.

In his latest annual report, John M. Russell, president of the Markle Foundation, observed that steadily increasing grants by the United States Government in recent years have inevitably drawn medical education into the realm of politics in that country. While the wisdom of such a course has been vigorously debated, Mr. Russell noted that "in typical American fashion" medical schools have been backing into federal aid, slowly at first but more rapidly of late, to the extent that in 1957-58, the last year for which figures are available, one-quarter of the total medical school budgets, exclusive of hospital costs, came from federal sources. For the first time, after years of struggling for funds, medical schools in the United States are actually being invited to apply for grants and are experiencing the previously undreamed of novelty of money easy to come by. In this atmosphere of prosperity Mr. Russell sounded a note of warning that such easy money carries with it the inherent danger that pressure may be exerted by well-

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meaning people to "regulate government expenditures", and emphasized that medical education's greatest present need is for good, solid, intelligent leadership that will protect it from ruin by inconsiderate and thoughtless kindness.

To the best of our knowledge no Canadian medical school has as yet been plagued by such an embarrassment of riches. The generous contributions of the Markle Foundation through its program of awards to Scholars in Medical Science continues to constitute a most welcome and valuable stimulus to the development of a high standard of "good, solid, intelligent leadership" in the field of medical education in this country.

THE SCOTTISH SEMMELWEISS

LISTER once said, "Without Semmelweiss my achievements would be nothing. To this great son of Hungary surgery owes most." Yet less than a hundred miles from Edinburgh where Lister made some of his greatest discoveries lies the unhonoured grave of a Scotsman whose discoveries preceded Semmelweiss by at least half a century. True, there is a small tablet in the midwifery department of the Aberdeen Medical School inscribed "Alex Gordon, M.D., 1795, of Aberdeen, first demonstrated the infectious nature of puerperal fever", surely one of the least verbose memorials which a grateful posterity could have made for a great man. How little it tells us.

Alexander Gordon died in 1799, an ailing and disappointed man, aged 47. 1795 was the low ebb of his fortunes, and yet it was also the moment of his great triumph. As he trailed south to rejoin the Royal Navy, leaving behind a hostile town and the ruin of ten years spent in building up a practice, one hopes that he had some inkling that his treatise on the epidemic puerperal fever of Aberdeen might have given him an immortal niche in the history of medicine, a privilege denied to many whose careers seem more successful than Gordon's. Whatever his hopes might have been, he could not have guessed that it would take more than 150 years before Dr. Ian Porter[1] established Gordon's claim beyond any doubt. Puerperal fever had, of course, been recognized since the time of Hippocrates. Harvey made pertinent observations about its inflammatory nature. But it was not until the mid-18th century that it received sustained attention from the profession. Perhaps the opening of lying-in hospitals with their appalling death rates focused attention on this great killer of mothers.

By the 1750's John Burton and John Leek had both suggested that the illness might be infectious, and by 1790 Joseph Clark certainly suspected that it was an infection, as did others. But many more subscribed to such views as those that would implicate the suppression of lochia, obstructed perspiration and evacuations, strong liquors (caudle) too highly spiced, or that last infirmity of etiological thinking about disastrous illnesses, violent affection of the mind.

More than 50 years after Gordon's keen observations had shown beyond reasonable doubt that the great danger in spreading childbed fever lay in those who attended at confinements, it was still possible for psychosomatic notions to be entertained seriously. Sigerest[2] notes of Semmelweiss' day—"naturally in Vienna there was much controversy as to what could be the cause of the differing mortality in two hospitals. [In the first hospital where medical students attended autopsies there was three to ten times the number of deaths that there were in the second hospital which was run by midwives.] The authorities blamed all sorts of atmospheric, cosmic, and telluric influences, said that perhaps overcrowding was at fault, or that women in childbirth were subjected because they were examined by male students. In desperation the foreign students were excluded from the first hospital on the grounds that they were rougher in their examinations than the Viennese."

Even today attempts are made to make mysterious illness less incomprehensible with such comforting labels as "a broad psychosocial or psychosomatic approach", and this means now as it did then that men are at their wits' end for more plausible explanations. But Gordon, by carefully observing the Aberdeen epidemic, showed that childbed fever was spread by doctors and midwives. He noted its relationship to erysipelas and suggested simple measures to avoid spreading the disease and these were used by many in the years following his death. Like Semmelweiss, Gordon's discovery earned him nothing but ingratitude but, unlike the great Hungarian, until recently even history has not vindicated him. But right has now been done.

It may be that some of our readers will be at St. Andrews playing the great Scottish game, and perhaps they could push on a little farther up the east coast of Scotland and pay their respects to the memory of Alexander Gordon, M.D., and so encourage his native town to see that the name of this brave and wise doctor is remembered, as it ought to be.

Dr. Porter has truly said, "He lies forgotten in the city whose inhabitants once abused him. Let us now remember Gordon of Aberdeen and give him the credit which is his due for the discovery he made. He suffered because its importance was not recognized by his contemporaries. He had erred in only one respect, that his outstanding contribution was made too soon in history."

H.O.

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